

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

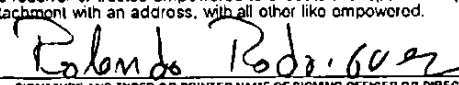
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/06)

DOCUMENT # P04000059693					
1. Entity Name EMEBRAYARI CORPORATION					
Principal Place of Business 3436 SW 8TH STREET MIAMI FL 33135			Mailing Address 3436 SW 8TH STREET MIAMI FL 33135		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 57-1205843	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RODRIGUEZ, ROLANDO I 3428 SW 8TH STREET MIAMI FL 33135			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			3436 SW 8 ST		
			City	State	Zip Code
miami			FL 33135		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			DATE 4/20/07		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when registering)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007, Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11		
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME
PSD	RODRIGUEZ, ROLANDO ISMAEL	3436 SW 8TH STREET	MIAMI FL 33135	PSD	RODRIGUEZ, Rolando I
☒ Delete				☒ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME
				VP	MARIA. MATUTE
☐ Delete				☐ Change ☒ Addition	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME
☐ Delete				☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME
☐ Delete				☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME
☐ Delete				☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME
☐ Delete				☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			DATE: 4/20-07 305-448-4877		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		

Document corrected per Rolando Rodriguez, Esq.